TEXAS DEPARTMENT OF INSURANCE
Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
SENTRIX PHARMACY AND DISCOUNT LLC

Respondent Name
NEW HAMPSHIRE INSURANCE COMPANY

MFDR Tracking Number
M4-17-0682-01

Carrier's Austin Representative
Box Number 19

MFDR Date Received
November 8, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Sentrix Pharmacy and Discount, LLC (the 'Pharmacy') requests payment for the services rendered to [the injured employee] on 6/29/16. The service rendered was the filing and dispensing of prescription medication. The claim(s) in question were properly submitted pursuant to the *Pharmaceutical Benefits* rules codified in 28 Texas Administrative Code (TAC) §134.500 through §134.550.

The insurance carrier, PMSI/Helios failed to take final action on the claim within the 45-day period set forth in TAC §133.240. Specifically the claim was submitted on 6/29/16 and it was received by the provider on 7/6/16 (as verified by the attached proof of delivery) and no action was taken on the claim. Sentrix made a good faith effort to notify the carrier of their failure to respond to the bill on 8/23/16 and it was received by the provider on 9/20/16 (as verified by the attached proof of delivery). Again, no action was taken on the claim."

Amount in Dispute: $2,488.99

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Carrier has not paid the disputed amount . . . as no bill has been sent to the carrier. Investigation revealed that the bill was sent to PMSI, not New Hampshire Insurance Company."

Response Submitted by: AIG Claims on behalf of New Hampshire Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 29, 2016	Pharmacy Services – compound drug dispensed	$2,488.99	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out the procedures for submitting a medical bill.
3. No explanations of benefits were submitted for review by either party to this dispute.

Issues

1. Did the health care provider submit the medical bills to the insurance carrier in accordance with the requirements of 28 Texas Administrative Code §133.20?

Findings

1. The requestor, Sentrix Pharmacy and Discount, LLC, is seeking reimbursement of $2,488.99 for compounded prescription drugs dispensed on date of service June 29, 2016.

   28 Texas Administrative Code §133.20(a) requires that "The health care provider shall submit all medical bills to the insurance carrier except when billing the employer in accordance with subsection (j) of this section."

   The respondent argues that "no bill has been sent to the carrier. Investigation revealed that the bill was sent to PMSI, not New Hampshire Insurance Company."

   Review of the submitted information finds no documentation to support that the disputed pharmacy bills were sent to the insurance carrier. According to Division records, the insurance carrier is New Hampshire Insurance Company. Documentation supports that the insurance carrier utilizes AIG claims as an agent for claims services.

   The requestor provided documentation to support that all bills were sent to and received by "PMSI/Helios." No evidence was presented to support that "PMSI/Helios" was the correct insurance carrier or an agent of the insurance carrier for the disputed services. No information was provided to support the disputed bills were ever sent to the insurance carrier responsible for payment of the claim—or their agent.

   The division therefore concludes that the health care provider has not presented a bill to the appropriate carrier and has failed to meet the requirement 28 Texas Administrative Code §133.20. Reimbursement cannot be recommended.

Conclusion

In resolving disputes regarding the amount of payment due for health care determined to be medically necessary and appropriate for treatment of a compensable injury, the role of the division is to adjudicate the payment, given the relevant statutory provisions and division rules.

The Division would like to emphasize that the findings and decision in this dispute are based on the evidence presented by the requestor and respondent available at the time of review. Even though all the evidence was not discussed, it was considered.

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Pursuant to Texas Labor Code §413.031, after review of the information submitted by the parties, the division has determined the requestor is entitled to $0.00 additional reimbursement for the services in dispute.

Authorized Signature

	Grayson Richardson	April 7, 2017
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.